



REQUEST FOR RETIREMENT ANNUITY ESTIMATE

Instructions – Please read and answer the following questions thoroughly, to include checking all applicable boxes. Unanswered questions may delay processing.

Print completed form and submit to your Retirement Specialist in Room 4E-072, Forrestal; HR-30.
Ann Murrell; 6-0038 - last name starts with A through D; and Q through Z
Sheila Adams; 6-3097 - last name starts with E through P

SECTION A

Request Received _____

Name (last, first, middle)

SSN

Date of Birth

Office Address

Office Telephone Number

Fax Number

Prospective Retirement Date

Service Computation Date (SCD)

CSRS Only – Sick Leave Balance

Pay Period Ending (PPE)

SECTION B (have you served in the following appointments)

Intermittent Service Yes____ No____ LWOP over 30 days Yes____ No____

Temporary Service Yes____ No____ Break in Service Yes____ No____ Part-Time Yes____ No____

SECTION C (creditable service)

Have you ever left Federal Service: Yes____ No____

If so, was your retirement refund paid to you: Yes____ No____ If yes, give date_____

CSRS only - When you returned to Federal Service, did you make a redeposit: Yes____ No____

SECTION D (military service)

Military Service Yes____ No____ Is your DD214 in your OPF Yes____ No____ n/a____

Did you retire: Yes____ No____ n/a____ If yes, did you waive military ret. Pay: Yes____ No____

If you did not retire, did you make a military deposit Yes____ No____

SECTION E (do you want the following info included in your retirement estimate)

FEHB: Yes____ No____ Waived____ If yes, provide FEHB code listed on your LES: _____

FEGLI: Yes____ No____ Waived____ If yes, provide FEGLI code listed on your LES: _____

If yes, choose FEGLI reduction: 75%____ 50%____ No reduction____

Fed. Tax Withholdings: Yes____ No____ If yes, how many exemptions: _____

Are you married: Yes____ No____ If yes, Survivor Benefits for your spouse: Yes____ No____

SECTION F (retirement options)

Retirement coverage: CSRS____ CSRS Offset____ FERS____

Ret. Election: Voluntary____ VERA____ Buyout____ DSR____ Deferred____ Disability____ MRA +10____